

107TH CONGRESS  
2D SESSION

# H. R. 5187

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2002

Mr. MENENDEZ (for himself, Ms. ROS-LEHTINEN, Mr. GREEN of Texas, Mrs. CHRISTENSEN, Mr. THOMPSON of Mississippi, Mr. DIAZ-BALART, Mr. SERRANO, Mr. SMITH of New Jersey, Ms. LEE, Mrs. JONES of Ohio, Mr. FROST, Mr. CONYERS, Ms. WOOLSEY, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Mr. BACA, Mr. GONZALEZ, Mr. HINOJOSA, Mr. CUMMINGS, Mr. ACEVEDO-VILÁ, Mr. PALLONE, Mr. PASTOR, Mr. UDALL of New Mexico, Mr. PASCRELL, Mr. STARK, Mr. PAYNE, Mr. BENTSEN, and Mr. ROTHMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Patient Navigator,  
5       Outreach, and Chronic Disease Prevention Act of 2002”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

8               (1) Despite notable progress in the overall  
9       health of the Nation, there are continuing disparities  
10      in the burden of illness and death experienced by Af-  
11      rican Americans, Latinos and Hispanics, Native  
12      Americans, Alaska Natives, Asian and Pacific Is-  
13      landers and the poor, compared to the United States  
14      population as a whole.

15              (2) Many racial and ethnic minority groups suf-  
16      fer disproportionately from cancer. Mortality and  
17      morbidity rates remain the most important measures  
18      of the overall progress against cancer. Decreasing  
19      rates of death from cancer reflect improvements in  
20      both prevention and treatment. Among all ethnic  
21      groups in the United States, African American  
22      males have the highest overall rate of mortality from  
23      cancer. Some specific forms of cancer affect other  
24      ethnic minority communities at rates up to several  
25      times higher than the national averages (such as

1 stomach and liver cancers among Asian American  
2 populations, colon and rectal cancer among Alaska  
3 natives, and cervical cancer among Hispanic and Vi-  
4 etnamese-American women).

5 (3) Regions characterized by high rates of pov-  
6 erty also have high mortality for some forms of can-  
7 cer. For example, in Appalachian Kentucky the inci-  
8 dence of lung cancer among white males was 127  
9 per 100,000 in 1992, a rate higher than that for any  
10 ethnic minority group in the United States during  
11 the same period.

12 (4) Major disparities for other chronic diseases  
13 exist among population groups, with a dispropor-  
14 tionate burden of death and disability from cardio-  
15 vascular disease in racial and ethnic minority and  
16 low-income populations. Compared with rates for the  
17 general population, coronary heart disease mortality  
18 was 40 percent lower for Asian Americans but 40  
19 percent higher for African-Americans.

20 (5) Minority populations are disproportionately  
21 impacted by diabetes and other chronic diseases.  
22 Hispanics are twice as likely to have diabetes as  
23 non-Hispanic whites; diabetes is the fourth leading  
24 cause of death among Hispanic women and elderly.  
25 African Americans are 1.7 times as likely to have di-

1       abetes as the general population. More than 15% of  
 2       the combined populations of Native Americans and  
 3       Alaska Natives have diabetes.

4           (6) Culturally competent approaches to chronic  
 5       disease care are needed to encourage increased par-  
 6       ticipation of racial and ethnic minorities and the  
 7       medically underserved in chronic disease prevention,  
 8       early detection and treatment programs.

9   **SEC. 3. HRSA GRANTS FOR MODEL COMMUNITY CANCER**  
 10                   **AND CHRONIC DISEASE CARE AND PREVEN-**  
 11                   **TION; HRSA GRANTS FOR PATIENT NAVIGA-**  
 12                   **TORS.**

13       Subpart I of part D of title III of the Public Health  
 14       Service Act (42 U.S.C. 254b et seq.) is amended by adding  
 15       at the end the following:

16   **“SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**  
 17                   **DISEASE CARE AND PREVENTION; PATIENT**  
 18                   **NAVIGATORS.**

19       “(a) MODEL COMMUNITY CANCER AND CHRONIC  
 20       DISEASE CARE AND PREVENTION.—

21           “(1) IN GENERAL.—The Secretary, acting  
 22       through the Administrator of the Health Resources  
 23       and Services Administration, may make grants to  
 24       public and nonprofit private health centers (includ-  
 25       ing health centers under section 330, Indian Health

1 Service Centers, and rural health clinics) for the de-  
2 velopment and operation of model programs that—

3 “(A) provide to individuals of health dis-  
4 parity populations prevention, early detection,  
5 treatment, and appropriate follow-up care serv-  
6 ices for cancer and chronic diseases;

7 “(B) ensure that the health services are  
8 provided to such individuals in a culturally com-  
9 petent manner; and

10 “(C) assign patient navigators, in accord-  
11 ance with applicable criteria of the Secretary,  
12 for individuals of health disparity populations  
13 to—

14 “(i) accomplish, to the extent possible,  
15 the follow-up and diagnosis of an abnormal  
16 finding and the treatment and appropriate  
17 follow-up care of cancer or other chronic  
18 disease; and

19 “(ii) facilitate access to appropriate  
20 health care services within the health care  
21 system to ensure optimal patient utiliza-  
22 tion of such services.

23 “(2) OUTREACH SERVICES.—A condition for  
24 the receipt of a grant under paragraph (1) is that  
25 the applicant involved agree to provide ongoing out-

1 reach activities while receiving the grant, in a man-  
2 ner that is culturally competent for the health dis-  
3 parity population served by the program, to inform  
4 the public of the services of the model program  
5 under the grant. Such activities shall include facili-  
6 tating access to appropriate health care services and  
7 patient navigators within the health care system to  
8 ensure optimal patient utilization of these services.

9 “(3) APPLICATION FOR GRANT.—A grant may  
10 be made under paragraph (1) only if an application  
11 for the grant is submitted to the Secretary and the  
12 application is in such form, is made in such manner,  
13 and contains such agreements, assurances, and in-  
14 formation as the Secretary determines to be nec-  
15 essary to carry out this section.

16 “(4) EVALUATIONS.—

17 “(A) IN GENERAL.—The Secretary, acting  
18 through the Administrator of the Health Re-  
19 sources and Services Administration, shall, di-  
20 rectly or through grants or contracts, provide  
21 for evaluations to determine which outreach ac-  
22 tivities under paragraph (2) were most effective  
23 in informing the public of the model program  
24 services and to determine the extent to which  
25 such programs were effective in providing cul-

1           turally competent services to the health dis-  
2           parity population served by the programs.

3           “(B) DISSEMINATION OF FINDINGS.—The  
4           Secretary shall as appropriate disseminate to  
5           public and private entities the findings made in  
6           evaluations under subparagraph (A).

7           “(5) COORDINATION WITH OTHER PRO-  
8           GRAMS.—The Secretary shall coordinate the pro-  
9           gram under this subsection with the program under  
10          subsection (b), with the program under section  
11          417D, and to the extent practicable, with programs  
12          for prevention centers that are carried out by the  
13          Director of the Centers for Disease Control and Pre-  
14          vention.

15          “(b) PROGRAM FOR PATIENT NAVIGATORS.—

16               “(1) IN GENERAL.—The Secretary, acting  
17               through the Administrator of the Health Resources  
18               and Services Administration, may make grants to  
19               public and nonprofit private health centers (includ-  
20               ing health centers under section 330, Indian Health  
21               Service Centers, and rural health clinics) for the de-  
22               velopment and operation of programs to pay the  
23               costs of such health centers in—

24                       “(A) assigning patient navigators, in ac-  
25                       cordance with applicable criteria of the Sec-

retary, for individuals of health disparity populations for the duration of receiving health services from the health centers;

“(B) ensuring that the services provided by the patient navigators to such individuals include case management and psychosocial assessment and care or information and referral to such services;

“(C) ensuring that the patient navigators provide services to such individuals in a culturally competent manner; and

“(D) developing model practices for patient navigators, including with respect to—

“(i) coordination of health services, including psychosocial assessment and care;

“(ii) appropriate follow-up care, including psychosocial assessment and care; and

“(iii) determining coverage under health insurance and health plans for all services.

“(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing out-



1 reach activities while receiving the grant, in a man-  
2 ner that is culturally competent for the health dis-  
3 parity population served by the program, to inform  
4 the public of the services of the model program  
5 under the grant.

6 “(3) APPLICATION FOR GRANT.—A grant may  
7 be made under paragraph (1) only if an application  
8 for the grant is submitted to the Secretary and the  
9 application is in such form, is made in such manner,  
10 and contains such agreements, assurances, and in-  
11 formation as the Secretary determines to be nec-  
12 essary to carry out this section.

13 “(4) EVALUATIONS.—

14 “(A) IN GENERAL.—The Secretary, acting  
15 through the Administrator of the Health Re-  
16 sources and Services Administration, shall, di-  
17 rectly or through grants or contracts, provide  
18 for evaluations to determine the effects of the  
19 services of patient navigators on the individuals  
20 of health disparity populations for whom the  
21 services were provided, taking into account the  
22 matters referred to in paragraph (1)(C).

23 “(B) DISSEMINATION OF FINDINGS.—The  
24 Secretary shall as appropriate disseminate to

1 public and private entities the findings made in  
2 evaluations under subparagraph (A).

3 “(5) COORDINATION WITH OTHER PRO-  
4 GRAMS.—The Secretary shall coordinate the pro-  
5 gram under this subsection with the program under  
6 subsection (a) and with the program under section  
7 417D.

8 “(c) REQUIREMENTS REGARDING FEES.—A condi-  
9 tion for the receipt of a grant under subsection (a)(1) or  
10 (b)(1) is that the program for which the grant is made  
11 have in effect—

12 “(1) a schedule of fees or payments for the pro-  
13 vision of its services that is consistent with locally  
14 prevailing rates or charges and is designed to cover  
15 its reasonable costs of operation; and

16 “(2) a corresponding schedule of discounts to  
17 be applied to the payment of such fees or payments,  
18 which discounts are adjusted on the basis of the  
19 ability of the patient to pay.

20 “(d) MODEL.—Not later than three years after the  
21 date of the enactment of this section, the Secretary shall  
22 develop a peer-reviewed model of systems for the services  
23 provided by this section. The Secretary shall update such  
24 model as may be necessary to ensure that the best prac-  
25 tices are being utilized.

1       “(e) DURATION OF GRANT.—The period during  
2 which payments are made to an entity from a grant under  
3 subsection (a)(1) or (b)(1) may not exceed five years. The  
4 provision of such payments are subject to annual approval  
5 by the Secretary of the payments and subject to the avail-  
6 ability of appropriations for the fiscal year involved to  
7 make the payments. This subsection may not be construed  
8 as establishing a limitation on the number of grants under  
9 such subsection that may be made to an entity.

10       “(f) DEFINITIONS.—For purposes of this section:

11               “(1) The term ‘culturally competent’, with re-  
12 spect to providing health-related services, means  
13 services that, in accordance with standards and  
14 measures of the Secretary, are designed to effec-  
15 tively and efficiently respond to the cultural and lin-  
16 guistic needs of patients.

17               “(2) The term ‘appropriate follow-up care’ in-  
18 cludes palliative and end-of-life care.

19               “(3) The term ‘health disparity population’  
20 means a population where there exists a significant  
21 disparity in the overall rate of disease incidence,  
22 morbidity, mortality, or survival rates in the popu-  
23 lation as compared to the health status of the gen-  
24 eral population. Such term includes—

1           “(A) racial and ethnic minority groups as  
2           defined in section 1707; and

3           “(B) medically underserved groups, such  
4           as rural and low-income individuals and individ-  
5           uals with low levels of literacy.

6           “(4)(A) The term ‘patient navigator’ means an  
7           individual whose functions include—

8           “(i) assisting and guiding patients with a  
9           symptom or an abnormal finding or diagnosis of  
10          cancer or other chronic disease within the  
11          health care system to accomplish the follow-up  
12          and diagnosis of an abnormal finding as well as  
13          the treatment and appropriate follow-up care of  
14          cancer or other chronic disease; and

15          “(ii) identifying, anticipating, and helping  
16          patients overcome barriers within the health  
17          care system to ensure prompt diagnostic and  
18          treatment resolution of an abnormal finding of  
19          cancer or other chronic disease.

20          “(B) Such term includes representatives of the  
21          target health disparity population, such as nurses,  
22          social workers, cancer survivors, and patient advo-  
23          cates.

24          “(g) AUTHORIZATION OF APPROPRIATIONS.—

25          “(1) IN GENERAL.—

1           “(A) MODEL PROGRAMS.—For the purpose  
2 of carrying out subsection (a) (other than the  
3 purpose described in paragraph (2)(A)), there  
4 are authorized to be appropriated such sums as  
5 may be necessary for each of the fiscal years  
6 2003 through 2007.

7           “(B) PATIENT NAVIGATORS.—For the pur-  
8 pose of carrying out subsection (b) (other than  
9 the purpose described in paragraph (2)(B)),  
10 there are authorized to be appropriated such  
11 sums as may be necessary for each of the fiscal  
12 years 2003 through 2007.

13           “(C) BUREAU OF PRIMARY HEALTH  
14 CARE.—Amounts appropriated under subpara-  
15 graph (A) or (B) shall be administered through  
16 the Bureau of Primary Health Care.

17           “(2) PROGRAMS IN RURAL AREAS.—

18           “(A) MODEL PROGRAMS.—For the purpose  
19 of carrying out subsection (a) by making grants  
20 under such subsection for model programs in  
21 rural areas, there are authorized to be appro-  
22 priated such sums as may be necessary for each  
23 of the fiscal years 2003 through 2007.

24           “(B) PATIENT NAVIGATORS.—For the pur-  
25 pose of carrying out subsection (b) by making

1 grants under such subsection for programs in  
2 rural areas, there are authorized to be appro-  
3 priated such sums as may be necessary for each  
4 of the fiscal years 2003 through 2007.

5 “(C) OFFICE OF RURAL HEALTH POL-  
6 ICY.—Amounts appropriated under subpara-  
7 graph (A) or (B) shall be administered through  
8 the Office of Rural Health Policy.

9 “(3) RELATION TO OTHER AUTHORIZATIONS.—  
10 Authorizations of appropriations under paragraphs  
11 (1) and (2) are in addition to other authorizations  
12 of appropriations that are available for the purposes  
13 described in such paragraphs.”.

14 **SEC. 4. NCI GRANTS FOR MODEL COMMUNITY CANCER AND**  
15 **CHRONIC DISEASE CARE AND PREVENTION;**  
16 **NCI GRANTS FOR PATIENT NAVIGATORS.**

17 Subpart 1 of part C of title IV of the Public Health  
18 Service Act (42 U.S.C. 285 et seq.) is amended by adding  
19 at the end following section:

20 **“SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC**  
21 **DISEASE CARE AND PREVENTION; PATIENT**  
22 **NAVIGATORS.**

23 “(a) MODEL COMMUNITY CANCER AND CHRONIC  
24 DISEASE CARE AND PREVENTION.—

1           “(1) IN GENERAL.—The Director of the Insti-  
2       tute may make grants to eligible entities for the de-  
3       velopment and operation of model programs that—

4           “(A) provide to individuals of health dis-  
5       parity populations prevention, early detection,  
6       treatment, and appropriate follow-up care serv-  
7       ices for cancer and chronic diseases;

8           “(B) ensure that the health services are  
9       provided to such individuals in a culturally com-  
10      petent manner; and

11          “(C) assign patient navigators, in accord-  
12      ance with applicable criteria of the Secretary,  
13      for individuals of health disparity populations  
14      to—

15           “(i) accomplish, to the extent possible,  
16      the follow-up and diagnosis of an abnormal  
17      finding and the treatment and appropriate  
18      follow-up care of cancer or other chronic  
19      disease; and

20           “(ii) facilitate access to appropriate  
21      health care services within the health care  
22      system to ensure optimal patient utiliza-  
23      tion of such services.

24          “(2) ELIGIBLE ENTITIES.—For purposes of this  
25      section, an eligible entity is a designated cancer cen-

1 ter of the Institute, an academic institution, a hos-  
2 pital, a nonprofit organization, or any other public  
3 or private entity determined to be appropriate by the  
4 Director of the Institute, that provides services de-  
5 scribed in paragraph (1)(A) for cancer or chronic  
6 diseases.

7 “(3) OUTREACH SERVICES.—A condition for  
8 the receipt of a grant under paragraph (1) is that  
9 the applicant involved agree to provide ongoing out-  
10 reach activities while receiving the grant, in a man-  
11 ner that is culturally competent for the health dis-  
12 parity population served by the program, to inform  
13 the public of the services of the model program  
14 under the grant. Such activities shall include facili-  
15 tating access to appropriate health care services and  
16 patient navigators within the health care system to  
17 ensure optimal patient utilization of these services.

18 “(4) APPLICATION FOR GRANT.—A grant may  
19 be made under paragraph (1) only if an application  
20 for the grant is submitted to the Director of the In-  
21 stitute and the application is in such form, is made  
22 in such manner, and contains such agreements, as-  
23 surances, and information as the Director deter-  
24 mines to be necessary to carry out this section.

25 “(5) EVALUATIONS.—



1           “(A) IN GENERAL.—The Director of the  
2           Institute, directly or through grants or con-  
3           tracts, shall provide for evaluations to deter-  
4           mine which outreach activities under paragraph  
5           (3) were most effective in informing the public  
6           of the model program services and to determine  
7           the extent to which such programs were effec-  
8           tive in providing culturally competent services  
9           to the health disparity population served by the  
10          programs.

11          “(B) DISSEMINATION OF FINDINGS.—The  
12          Director of the Institute shall as appropriate  
13          disseminate to public and private entities the  
14          findings made in evaluations under subpara-  
15          graph (A).

16          “(6) COORDINATION WITH OTHER PRO-  
17          GRAMS.—The Secretary shall coordinate the pro-  
18          gram under this subsection with the program under  
19          subsection (b), with the program under section 330I,  
20          and to the extent practicable, with programs for pre-  
21          vention centers that are carried out by the Director  
22          of the Centers for Disease Control and Prevention.

23          “(b) PROGRAM FOR PATIENT NAVIGATORS.—

24                 “(1) IN GENERAL.—The Director of the Insti-  
25                 tute may make grants to eligible entities for the de-

1        velopment and operation of programs to pay the  
2        costs of such entities in—

3                “(A) assigning patient navigators, in ac-  
4                cordance with applicable criteria of the Sec-  
5                retary, for individuals of health disparity popu-  
6                lations for the duration of receiving health serv-  
7                ices from the health centers;

8                “(B) ensuring that the services provided by  
9                the patient navigators to such individuals in-  
10               clude case management and psychosocial as-  
11               sessment and care or information and referral  
12               to such services;

13               “(C) ensuring that the patient navigators  
14               provide services to such individuals in a cul-  
15               turally competent manner; and

16               “(D) developing model practices for patient  
17               navigators, including with respect to—

18                        “(i) coordination of health services,  
19                        including psychosocial assessment and  
20                        care;

21                        “(ii) follow-up services, including psy-  
22                        chosocial assessment and care; and

23                        “(iii) determining coverage under  
24                        health insurance and health plans for all  
25                        services.

1           “(2) OUTREACH SERVICES.—A condition for  
2           the receipt of a grant under paragraph (1) is that  
3           the applicant involved agree to provide ongoing out-  
4           reach activities while receiving the grant, in a man-  
5           ner that is culturally competent for the health dis-  
6           parity population served by the program, to inform  
7           the public of the services of the model program  
8           under the grant.

9           “(3) APPLICATION FOR GRANT.—A grant may  
10          be made under paragraph (1) only if an application  
11          for the grant is submitted to the Director of the In-  
12          stitute and the application is in such form, is made  
13          in such manner, and contains such agreements, as-  
14          surances, and information as the Director deter-  
15          mines to be necessary to carry out this section.

16          “(4) EVALUATIONS.—

17                 “(A) IN GENERAL.—The Director of the  
18                 Institute, directly or through grants or con-  
19                 tracts, shall provide for evaluations to deter-  
20                 mine the effects of the services of patient navi-  
21                 gators on the health disparity population for  
22                 whom the services were provided, taking into  
23                 account the matters referred to in paragraph  
24                 (1)(C).

1                   “(B) DISSEMINATION OF FINDINGS.—The  
2                   Director of the Institute shall as appropriate  
3                   disseminate to public and private entities the  
4                   findings made in evaluations under subpara-  
5                   graph (A).

6                   “(5) COORDINATION WITH OTHER PRO-  
7                   GRAMS.—The Secretary shall coordinate the pro-  
8                   gram under this subsection with the program under  
9                   subsection (a) and with the program under section  
10                  330I.

11                  “(c) REQUIREMENTS REGARDING FEES.—A condi-  
12                  tion for the receipt of a grant under subsection (a)(1) or  
13                  (b)(1) is that the program for which the grant is made  
14                  have in effect—

15                       “(1) a schedule of fees or payments for the pro-  
16                       vision of its services that is consistent with locally  
17                       prevailing rates or charges and is designed to cover  
18                       its reasonable costs of operation; and

19                       “(2) a corresponding schedule of discounts to  
20                       be applied to the payment of such fees or payments,  
21                       which discounts are adjusted on the basis of the  
22                       ability of the patient to pay.

23                  “(d) MODEL.—Not later than three years after the  
24                  date of the enactment of this section, the Director of the  
25                  Institute shall develop a peer-reviewed model of systems

1 for the services provided by this section. The Director shall  
2 update such model as may be necessary to ensure that  
3 the best practices are being utilized.

4 “(e) DURATION OF GRANT.—The period during  
5 which payments are made to an entity from a grant under  
6 subsection (a)(1) or (b)(1) may not exceed five years. The  
7 provision of such payments are subject to annual approval  
8 by the Director of the Institute of the payments and sub-  
9 ject to the availability of appropriations for the fiscal year  
10 involved to make the payments. This subsection may not  
11 be construed as establishing a limitation on the number  
12 of grants under such subsection that may be made to an  
13 entity.

14 “(f) DEFINITIONS.—For purposes of this section:

15 “(1) The term ‘culturally competent’, with re-  
16 spect to providing health-related services, means  
17 services that, in accordance with standards and  
18 measures of the Secretary, are designed to effec-  
19 tively and efficiently respond to the cultural and lin-  
20 guistic needs of patients.

21 “(2) the term ‘appropriate follow-up care’ in-  
22 cludes palliative and end-of-life care.

23 “(3) the term ‘health disparity population’  
24 means a population where there exists a significant  
25 disparity in the overall rate of disease incidence,

1 morbidity, mortality, or survival rates in the popu-  
2 lation as compared to the health status of the gen-  
3 eral population. Such term includes—

4 “(A) racial and ethnic minority groups as  
5 defined in section 1707; and

6 “(B) medically underserved groups, such  
7 as rural and low-income individuals and individ-  
8 uals with low levels of literacy.

9 “(4)(A) the term ‘patient navigator’ means an  
10 individual whose functions include—

11 “(i) assisting and guiding patients with a  
12 symptom or an abnormal finding or diagnosis of  
13 cancer or other chronic disease within the  
14 health care system to accomplish the follow-up  
15 and diagnosis of an abnormal finding as well as  
16 the treatment and appropriate follow-up care of  
17 cancer or other chronic disease; and

18 “(ii) identifying, anticipating, and helping  
19 patients overcome barriers within the health  
20 care system to ensure prompt diagnostic and  
21 treatment resolution of an abnormal finding of  
22 cancer or other chronic disease.

23 “(B) Such term includes representatives of the  
24 target health disparity population, such as nurses,

1 social workers, cancer survivors, and patient advo-  
2 cates.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) MODEL PROGRAMS.—For the purpose of  
5 carrying out subsection (a), there are authorized to  
6 be appropriated such sums as may be necessary for  
7 each of the fiscal years 2003 through 2007.

8 “(2) PATIENT NAVIGATORS.—For the purpose  
9 of carrying out subsection (b), there are authorized  
10 to be appropriated such sums as may be necessary  
11 for each of the fiscal years 2003 through 2007.

12 “(3) RELATION TO OTHER AUTHORIZATIONS.—  
13 Authorizations of appropriations under paragraphs  
14 (1) and (2) are in addition to other authorizations  
15 of appropriations that are available for the purposes  
16 described in such paragraphs.”.

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